



WILLOW ACADEMY

APPLICATION FOR ADMISSION - 2027

PLEASE COMPLETE WITH A BLACK PEN

DO YOU HAVE ANY LEARNERS CURRENTLY/PREVIOUSLY IN THIS SCHOOL?

Yes

No

Name of other learner(s) : _____

DATE: 21 JAN 2026

LEARNER INFORMATION

LEARNER

Full names: _____

Surname: _____

Preferred name: _____

Date of birth: _____

ID number: _____

Nationality: _____

Religious denomination: _____

Gender: Male Female

Ethnic group: _____

Home language: _____

Preferred tuition language: _____

Dexterity: Left Right Both

Learner mobile number: _____

Learner e-mail address: _____

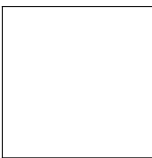
Admission date: _____

Grade in 2027 : _____

Years in grade for 2027 : _____

Years in phase for 2027 : _____

Pre-primary education attended: Formal Informal
 Other: _____

Attach learner photo: 

Method of transport: _____

Taxi/Bus registration number: _____

Name of driver: _____

Contact number: _____

NEXT OF KIN INFORMATION

Name: _____

Contact number: _____

Alternative contact number: _____

Relation: _____

OFFICE USE ONLY

Family code: _____

Register class: _____

Admission number: _____

Waiting list: A B

Number on waiting list: _____

ID copy:

Application fee:

Proof of residence:

Birth certificate:

Clinic card

FAMILY INFORMATION

Family status: Both parents Single parent - Unmarried
 Foster care Childrens home Single parent - Divorced
 Other Re-composed Widow/Widower

Parents deceased: Mother Father None

LEARNER HEALTH INFORMATION

Chronic diseases: _____

Allergies: _____

Medication: _____

MEDICAL AID INFORMATION

Name: _____

Telephone number: _____

Member number: _____

Primary member: _____

FAMILY DOCTOR INFORMATION

Name: _____

Telephone number: _____

Business address: _____

INFORMATION OF PREVIOUS SCHOOL/PLAY GROUP/NURSERY

First registration of learner in Eastern Cape: Yes No

Learner attended school last year Yes No

If yes, in which Province/Country: _____

Previous school: _____

Telephone Number: _____

Address: _____

Province: _____

Highest grade in previous school: _____

Reason for leaving the school: _____

BIOLOGICAL PARENT / LEGAL GUARDIAN 1 INFORMATION

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Nationality: _____

Home language: _____

Marital status: Common law marriage Divorced
 Married Separated Single
 Widowed

Communication: SMS E-mail Mail By hand

Comm language: _____

Mobile number: _____

Home tel: _____

E-mail: _____

Is the learner living with this parent? Yes No

Residential address: _____

Postal address: _____

Occupation status: Own Employer Professional
 Own Employer Non-Professional
 House wife Part time
 Contract worker Pensioner
 Student Temporary
 Full time Unemployed

Occupation: _____

Employer: _____

Work telephone number: _____

Employer physical address: _____

BIOLOGICAL PARENT / LEGAL GUARDIAN 2 INFORMATION

Title: _____

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

ID number: _____

Nationality: _____

Home language: _____

Marital status: Common law marriage Divorced
 Married Separated Single
 Widowed

Communication: SMS E-mail Mail By hand

Comm language: _____

Mobile number: _____

Home tel: _____

E-mail: _____

Is the learner living with this parent? Yes No

Residential address: _____

Postal address: _____

Occupation status: Own Employer Professional
 Own Employer Non-Professional
 House wife Part time
 Contract worker Pensioner
 Student Temporary
 Full time Unemployed

Occupation: _____

Employer: _____

Work telephone number: _____

Employer physical address: _____

DECLARATION BY PARENT / GUARDIAN

I _____ (Name of Parent / Guardian) hereby declare that the information supplied in this form is true and just and that I, by way of my signature hereunder, authorise the Chairperson of the School Governing Body or his/her representative to control and confirm any of the details supplied. I am aware that should any information supplied be found not to be true, I may be liable to a criminal offence.

Signed at _____ on _____ day of _____ 20__ Signature Parent 1 _____ Parent 2 _____

ACCOUNTABLE PERSON'S INFORMATION
 Biological Parent 1

 Biological Parent 2

 Other

Only if 'Other', please complete section A or B below:

A) INDIVIDUAL

Title: _____
 Full names: _____
 Surname: _____
 Initials: _____
 Preferred name: _____
 ID number: _____
 Home language: _____
 Communication: SMS E-mail Mail By hand
 Comm language: _____
 Mobile number: _____
 Telephone number: _____
 Fax number: _____
 E-mail: _____
 Residential address: _____

 Postal address: _____

B) COMPANY / CLOSED CORPORATION / TRUST

Title: _____
 Name: _____
 Registration number: _____
 Comm language: _____
 Contact number: _____
 Fax number: _____
 Business address: _____

 Postal address: _____

BANKING DETAILS

Bank: _____
 Branch: _____
 Branch code: _____
 Account type: Cheque Transmission Savings
 Bank account number: _____
 Account holder: _____

Agreement between Willow Academy and _____ (Name of parent / guardian as indicated on pg3 as responsible account payer) with regards to the payment of school fees in respect of fees for: _____

- a. I accept responsibility for the payment of fees for above child before or on the seventh (7th) day of each month. I hold myself responsible for the payment of the full amount of fees as determined by the Governing Body of Willow Academy and disbursements to be charged by Willow Academy in respect of the whole period during which my son/daughter/ward is registered as a pupil at Willow Academy, failing which I understand that my son/daughter/ward may be suspended from attending Willow Academy or have his/her enrolment at Willow Academy terminated. I agree to inform the Bursar in writing if I am unable to pay the fees. My child's admission will be secured for one month.
- b. I understand that the school will take the necessary legal steps to recover any outstanding fees. I accept liability for all penalty fees, collection commission and tracing charges should fees and/or disbursements become overdue; interest may be charged on overdue accounts. Accept liability for all attorney and client charges, collection commission and tracing charges, should legal action be instituted against me.
- c. I agree to give one (1) term's notice prior to my child no longer attending school, failing which I will be liable for one terms fees. In the last term, I undertake to give notice in October.
- d. I declare that the forms have been completed correctly. I have read and I understand the acceptance requirements and school rules. I hereby grant Willow Academy unrestricted access to financial, academic and conduct from the previous school/s.
- e. Statements will be sent by e-mail, to: _____
- f. I accept any jurisdiction of the Supreme Court and/or Magistrates Court of South Africa.
- g. The school may conduct an enquiry and/or information search about the parents with an information bureau, persons acting as their agents and/or credit grantors. If parent/s fail to meet their school fee obligations the school may record the parent/s non-performance with an information bureau. Any information conveyed to a credit information bureau will be available to other credit grantors and used in making credit risk management related decisions.
- h. I understand that the school reserves the right to verify all information supplied via this application. In the event of fraudulent documents submitted, the school reserves the right to lay a criminal charge of fraud against any of the parties to this application. This commitment in its entirety will be valid from the day on which it is signed by the parent/guardian to the day on which the pupil officially leaves the school.

First name and Surname Parent 1: _____ Signature: _____ Date: _____

First name and Surname Parent 2: _____ Signature: _____ Date: _____

PERMISSION / CONSENT TO TAKE PART IN ALL ORGANISED ACADEMIC, SPORT AND CULTURE ACTIVITIES

1. I / we / parent / guardian of the aforementioned learner hereby grant permission that he/she may participate in all academic, sport and cultural activities presented by the school, and to participate in assessments conducted by the school support team with the objective of improvement in school work and to identify other areas of concern. I understand that no learner will be exempted from devotions, assemblies or religious activities.
2. I grant permission for my child to be transported by a public bus company or transport provider approved by the school management. If there is only a small group of learners who need to be transported, parents / teachers with valid drivers licences may be asked to transport my child.
3. I accept that all reasonable care will be taken for the safety and wellbeing of my child and that I will be held responsible for the payment of medical/hospital fees if enforced upon, in case of an injury which cannot be ascribed to the responsible personnel's gross negligence.
4. I hereby delegate my powers as parent / guardian to the Principal of the school or representative if medical or surgical treatment may be needed for my child. As far as I know, he/she is physically able to participate in any organised activities and resides in good health.
5. I confirm that all medical information supplied in the Learner Information section of this form is accurate and complete. This information may be used in case of an emergency.
6. I undertake to inform the school if any of the above information may change.
7. I undertake to support my child in obeying all school policies including the Code of Conduct, School Uniform Policy, Sport Uniform Policy, Sport Participation Policy and the disciplinary system of Willow Academy as included in the Policies of the school.
8. I hereby confirm that the school may use digital images or biometric data of my child in any format for promotional or other purposes.
9. I undertake to conform to all the rules and regulations laid down by the Willow Academy Governing Body and/or Principal which may be amended from time to time and to ensure that my son/daughter/ward does the same, failing which, I understand that the Governing Body may expel my son/daughter/ward from Willow Academy following a disciplinary hearing.
10. I undertake to seek alternative schooling should my son/daughter/ward not manage academically and/or if the age of my son/daughter/ward should fall out of the normal range for a particular grade.
11. I consent to the collection, processing, storing, transmitting and deletion of special and sensitive information regarding the learner and parents listed in Section 1 in all matters of his/her education, as required by law, and for operational procedures (POPI Act 4 of 2013).
12. I am aware of and have familiarized myself with the Statement of Faith, and acknowledge that all teaching is from a Biblical Worldview.
13. I accept financial liability for any damage caused by my child to any school property, if such damage is caused through willful disobedience, rebellion or neglect. This includes fixed and movable property.

First name and Surname: Parent 1: _____ Signature: _____ Date: _____

First name and Surname: Parent 2: _____ Signature: _____ Date: _____

INDEMNITY

I / We the parents / guardian of the aforementioned learner indemnify unconditionally and without restriction Willow Academy, any person employed by Willow Academy or any person acting on behalf of Willow Academy, against any losses, claims, injury or death that may befall the learner by virtue of his or her use of any of the facilities or transport provided by Willow Academy.

First name and Surname: Parent 1: _____ Signature: _____ Date: _____

First name and Surname: Parent 2: _____ Signature: _____ Date: _____